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UTILITY PATENT APPLICATION TRANSMITTAL

First Named Inventor or Application Identifier

Chily for field field	1,"	IP/\&J// \$41703743					
	PLICATION ELEMENTS ster 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231					
1. Fee (Sub) 2. Spe (pre) - De - Cro - Sta - Re - Ba - Bri - De - Cli - Ab 3. Dra 4. Oath or Dra b. Inco	Transmittal Form Initial an original, and a duplicate for fee processing) Initial a original, and a duplicate for fee processing) Initial a original, and a duplicate for fee processing) Initial a original, and a duplicate for fee processing) Initial a original, and a duplicate for fee processing) Initial a original, and a duplicate for fee processing) Initial a original, and a duplicate for fee processing) Initial a original and a duplicate for fee processing) Initial a original and a duplication see and a duplication see and a duplication for fee processing) Initial a original and a duplication for fee processing) Initial a original and a duplication for fee processing) Initial a original and a duplication for fee processing) Initial a original and a duplication for fee processing) Initial a original and a fee processing) Initial and a duplication for fee processing) Initial and a duplication feet feet processing) Initial and a duplication feet processing feet processing feet processing feet processing fee	6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. Assignment Papers (cover sheet & document(s)) 9. 37 CFR 3.73(b) Statement (when there is an assignee) 10. English Translation Document (If applicable) 11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 12. Preliminary Amendment 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Statement(s) Statement filed in prior application, Statement(s) Statement(s) desired 15. (In a statement) 16. Other:					
	ntinuation Divisional Continuation-in-part (
	18. CORRESPOND	ENCE ADDRESS					
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here):							
	CHERSKOV and FLAYNIK						
NAME	AHN! DONALD FLAYNIK						
ADDRESS	20 NORTH WACKER DRIVE						
	SuitE 144	TI ZIP CODE CALOLO					
CITY	CHICAGO STATE	12 1 12 12 12 12 12 12 PD					
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS		
	TOTAL CLAIMS (37 CFR 1.18(c))	20-20=	0	x \$=	\$ 0		
	INDEPENDENT CLAIMS(37 CFR 1.16(b))	3 -3=	0	x \$=	0		
	MULTIPLE DEPENDE	ENT CLAIMS (if applica	ble) (37 CFR 1.18(d))	+ \$=	0		
	BASIC FEE (37 CFR 1.18(a)) 770						
	Total of above Calculations = 770						
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).						
A special		<u> </u>		TOTAL =	385		
6. Small entity status: a. A small entity statement is enclosed.							
b. 🗆	A small entity statement was filed in the prior nonprovisional application						
C. 🔲	c. 🔲 Is no longer claimed.						
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No:							
a. 🔲	a. Fees required under 37 CFR 1.16.						
c. Fees required under 37 CFR 1.18. 8. 🗀 A check in the amount of \$ 385. is enclosed.							
	Other:						
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11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	DONALD G. FLAYNIK, IR			
SIGNATURE	Wonded L. Haunible			
DATE	MARCH 24, 2004			